

☐ Add Deposit    ☐ Change Deposit    ☐ Stop Deposit

State Form 47551 (R3 / 12-05)

Approved by State Board of Accounts, 2005

Name of Vendor/Claimant who prepared this Request

Name: \_\_\_\_\_

Daytime Number: \_\_\_\_\_



## STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

### Instructions:

1. Vendor/claimant will complete first section and have its financial institution complete Section 2.
2. The financial institution will complete Section 2 and return to the vendor/claimant.
3. Vendor/claimant will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Vendor/claimant and financial institution should retain a copy. Additional blank copies are available from Auditor of State at <http://www.in.gov/auditor/forms>.

### SECTION 1: REQUEST AND AUTHORIZATION

\_\_\_\_\_  
Vendor / Claimant as shown on the account

\_\_\_\_\_  
Federal I.D. Number / Social Security Number

\_\_\_\_\_  
Address (Number and Street, and/or P.O. Box No.)

\_\_\_\_\_  
City, State, and Zip Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the State of Indiana may (1) initiate credit (deposits) in various amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the financial institution named below, and, (2) *if necessary*, the Vendor/Claimant will accept reversals from the State for any credit entries made *in error* to a bank account per NACHA regulations. The Vendor/Claimant may revoke this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior to the effective date of revocation.

**Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

### Name of Financial Institution:

Type of Account:    ☐ Checking (*Demand*)    ☐ Savings

Financial Institution Account Number

\_\_\_\_\_, 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor / Claimant

### SECTION 2: FINANCIAL INSTITUTION'S APPROVAL

The financial institution identified below agrees to accept automated deposits under the terms set forth herein.

Name of Financial Institution:

Phone: (     ) \_\_\_\_\_

Address:

\_\_\_\_\_  
(Number and Street, and/or P.O. Box No.)

\_\_\_\_\_  
(City, State, and Zip Code (00000-0000))

\_\_\_\_\_, 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution's Authorized Signature

\_\_\_\_\_  
ABA Transit-Routing Number

\_\_\_\_\_  
Title